E AND STATE OF THE	Please type a plus sign (+) inside this box  Ungle the Paperwork Reduction Act of 1995, no person  TRANSMITT  FORM  (to be used for all correspondence after	AL	Appropriate Application Number  Filing Date  First Named Inventor  Group Art Unit	PTO/SB/21 (08-00) ved for use through 10/31/2002. OMB 065/40031 nark Office: U.S. DEPARTMENT OF COMMERCE ion unless it displays a valid OMB control number.  O9 1 4 70 566.  12 12 2 1 9 9  KENDY A ROMAN ELAI  2613			
			Examiner Name	RALMOOZ SENGI			
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Complete if Known

Application Number (19/170.566.

Filing Date (12/22) 99

First Named Inventor (19/12) A Complete if Application States (19/14) A Complete if Application Stat

**Examiner Name** 

Effective 01/01/2003. Patent fees are subject to annual revision.

Signature

Applicant claims small entity status. See 37 CFR 1.27		Art Unit			2613				
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.		ket No.		丿			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
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Charge any additional fee(s) during the pendency of this application	1804	4 920°	1804		equesting publication of SIR prior to JAN # & Laminer action	943			
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1002 330 2002 165 Design filing fee	1401	1 320	2401	160 N	otice of Appeal				
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1 1,300	2501	650 U	tility issue fee (or reissue)	41			
Extra Claims below Fee Paid	1502	2 470	2502	235 D	esign issue fee	41			
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1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	9 750	2809	375 Fi	iling a submission after final rejection 7 CFR 1.129(a))	71			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	•	or each additional invention to be	11			
1204 84 2204 42 ** Reissue independent claims	Į ¨```	- ,00	]		kemined (37 CFR 1.129(b))	41			
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